Heritage Information Systems, Inc.

SmartPA

Clinical Edit Criteria Proposal

Drug/Drug Class: Duragesic®/Fentanyl Transdermal

Prepared for: Missouri Medicaid

Prepared by: Heritage Information Systems, Inc.

☒ **New Criteria** ☐ **Revision of Existing Criteria**

Executive Summary

Purpose: To promote prudent prescribing and to reduce the costs associated with Duragesic® (fentanyl).

Why was this Issue Selected: For the previous reporting period (August 2001 – July 2002), Missouri Medicaid paid $6.1 million for fentanyl transdermal products. .

Program-specific information:

Drug	Claims	Expense
• Duragesic® (fentanyl transdermal)	*428*	*$310,580*

Setting & Population:

Type of Criteria:
☐ **Increased risk of ADE**
☒ **Appropriate Indications**
☐ **Non-Preferred Agent**
☐ **Other:**

Data Sources:
☐ **Only administrative databases**
☐ **Databases + Prescriber-supplied**

Purpose of PA Criteria

Under the Omnibus Budget Reconciliation Act of 1993, Congress intended Prior Authorization or Prior Approval (PA) programs to control utilization of products that have very narrow indications or high abuse potential. While prescription expenditures are increasing at double-digit rates, payors are also evaluating ways to control these costs by influencing prescriber behavior and guide appropriate medication usage. Prior authorization criteria assist in the achievement of qualitative and economic goals related to health care resource utilization. Restricting the use of certain medications can reduce costs by requiring documentation of appropriate indications for use, and where appropriate, encourage the use of less expensive agents within a drug class. Prior authorization criteria can also reduce the risk for adverse events associated with medications by identifying patients at increased risk due to diseases or medical conditions, or those in need of dosing modifications.

Setting & Population

- Drug class for review: Duragesic® (transdermal fentanyl)
- Age range: All ages
  - Claims for patients 18 years of age and under subject to clinical review
- Gender: males and females

Approval Criteria

Approval Diagnoses

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range	Client Approval (Initials)
Cancer	140 - 239	NA	2 years	
	NA	Antineoplatics	12 months	
Opioid Tolerance*	NA	Opioids	> 7 days supply in the last 30 days	
Chronic nonmalignant pain (CNMP):	282-355 710-733.7	NA	1 year	
	NA	Non-opioid analgesics	90 days	

Denial Criteria

- Doses > 25ug/hr if patient does not have > 7 days of opioid therapy in the most recent 30 days of claims history.
- Doses > 300ug/hr

Required Documentation

Laboratory results:	☐	Progress notes:	☐
MedWatch form:	☐	Other:	☐

References

1. Duragesic® Package Insert. Titusville, NJ: Jansen Pharmaceutica Products, L.P.;2001.
2. Drug Facts & Comparison, 2002.
3. Drug Information Handbook, 2001-2002.
4. Physicians' Desk Reference, 2002.
5. Hart A and Hopkins C. ICD-9-CM Expert for physicians, volumes 1 and 2. 6th edition. 2002.

Client Approval

Please have an authorized representative execute this PA criteria verifying receipt by the client and that all elements contained herein are understood.

Client Name: _____

Signature: _____

Date: _____